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Form B22C (Chapter 13) (10/05)	According to the calculations required by this statement:
$A = 1 \dots P$	The applicable commitment period is 3 years.
Inre Wild M. McCom	The applicable commitment period is 5 years.
Debtor(s)	Disposable income is determined under § 1325(b)(3).
Case Number:	Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)
(If known)	(Check the boxes as the control of t

STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

FOR USE IN CHAPTER 13

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing in the local debtors may complete one statement only.

All Congression		Part L REP	ORT OF IN	ICOME		
1	Marita a. U	I/filing status. Check the box that applies and mmarried. Complete only Column A ("Debtor	complete the b	alance of this part of this	statement as	directed.
	b. N	Parried. Complete both Column A ("Debtor's	Income") and	l Column B ("Spouse's	Income") for	Lines 2-10.
	Ali figu bankru	res must reflect average monthly income for the ptcy case, ending on the last day of the month bounts of income during these six months, you months, divide this total by six, and enter the re	six calendar mefore the filing	onths prior to filing the If you received differ- mounts received during	Column A Debtor's Income	Column B Spouse's Income
2		wages, salary, tips, bonuses, overtime, com			\$ 86/5	\$ C
	Line a	ne from the operation of a business, profession and enter the difference on Line 3. Do not enter any part of the business expenses entered of	· a number less	than zero. Do not in-		t
3	а.	Gross receipts	\$			
ngaria Pitauri	b.	Ordinary and necessary business expenses	\$		1	
	c.	Business income	Subtract Line	e b from Line a	\$	\$
	on Line	and other real property income. Subtract Line 4. Do not enter a number less than zero. Do not entered on Line b as a deduction in	not include ar Part IV.	and enter the difference ny part of the operat-		
4	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$		0	
	c.	Rental income	Subtract Line	e b from Line a	\$	\$
5	Inter	est, dividends, and royalties.			\$ 0	\$
б	Pensi	on and retirement income.			\$ <i>O</i>	\$
7	pende	lar contributions to the household expenses ents, including child or spousal support. Do 's spouse.	of the debtor not include cor	or the debtor's de- ntributions from the	s ()	\$
8	Unem Howev	iployment compensation. Enter the amount in ver, if you contend that unemployment compensations benefit under the Social Security Act, do not list in A or B, but instead state the amount in the sp	ation received the amount of	by you or your spouse	6	
	Unen be a	nployment compensation claimed to benefit under the Social Security Act Debtor \$	S _I	oouse \$	\$ U	\$
9	source	me from all other sources. Specify source and es on a separate page. Total and enter on Line 9 the Social Security Act or payments received as nity, or as a victim of international or domestic t	. Do not inclu a victim of a w	i de any benefits received		
	a.			\$	\$	\$
10	Subi	total. Add Lines 2 thru 9 in Column A, and, if Co gh 9 in Column B. Enter the total(s).	olumn B is com			
11	Toto	I. If Column B has been completed, add Line 10, the total. If Column B has not been completed,	, Column A to L enter the amo	ine 10, Column B, and unt from Line 10, Col-	\$8615 \$8615.0	·

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orm	B 22C (Chapter 15) (10/05)	
this i	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD	
12	Enter the amount from Line 11.	86/5
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. Otherwise, enter zero.	0
14	Subtract Line 13 from Line 12 and enter the result.	8615.€
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$615. cc \$103,380
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: b. Enter debtor's household size:	\$63,681
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.	
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The applic ment period is 3 years" at the top of page 1 of this statement and complete Part VII of this statement. plete Parts III, IV, V or VI.	Do not com-
	The amount on Line 15 is not less than the amount on Line 16. Check the box for "The amount period is 5 years" at the top of page 1 of this statement and continue with Part III of this state	ment.
·		
Pa	art III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE	INCOME
18	Enter the amount from Line 11.	\$8615,00
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$ <i>(</i>)
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	8615,00
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 103380
22	Applicable median family income. Enter the amount from Line 16.	\$63.687
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.	7
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposab termined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts ment.	or this state-
	The amount on Line 21 is not more than the amount on Line 22. Check the box for "Dis is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of Do not complete Parts IV, V, or VI.	posable income this statement.
	Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)	(2)
	Subpart A: Deductions under Standards of the Internal Revenue Service (iRS)
-24	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ 1,132.4
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$571 E

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	amount (this int	Standards: housing and utilities; mortgage/rent expenses of the IRS Housing and Utilities Standards; mortgage/rent expenses formation is available at www.usdoj.gov/ust/ or from the clerk of the total of the Average Monthly Payments for any debts secured by tract Line b from Line a and enter the result in Line 25B. Do not	the bankruptcy count); enter on your home, as stated in Line	
25B	a.	IRS Housing and Utilities Standards; mortgage/rent Expense	\$ 814	
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$1733	
7.300 - 124 201	c.	Net mortgage/rental expense	Subtract Line b from Line a.	
26	Lines 2	Standards: housing and utilities; adjustment. if you co 5A and 25B does not accurately compute the allowance to which yo g and Utilities Standards, enter any additional amount to which yo ne basis for your contention in the space below:	ou are entitled under the IKS	
			ter-sportation avnence	-
	You are operat	Standards: transportation; vehicle operation/public e entitled to an expense allowance in this category regardless of wing a vehicle and regardless of whether you use public transportat	ion.	
27	nenses	the number of vehicles for which you pay the operating expenses are included as a contribution to your household expenses in Line	37. 10 131 12 01 more;	
	the an	the amount from IRS Transportation Standards, Operating Costs & plicable number of vehicles in the applicable Metropolitan Statistication is available at www.usdoj.gov/ust/ or from the clerk of the b	al Area of Celisus Region, (11115)	\$ 350
28	of veh pense Enter, able a	Standards: transportation ownership/lease expense icles for which you claim an ownership/lease expense. (You may need for more than two vehicles.) 1 2 or more. In Line a below, the amount of the IRS Transportation Standards, twww.usdoj.gov/ust/ or from the clerk of the bankruptcy court); two Monthly Payments for any debts secured by Vehicle 1, as stated in and enter the result in Line 28. Do not enter an amount less to	Ownership Costs, First Car (availenter in Line b the total of the Availenter 47; subtract Line b from	
	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 485	į
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 387.00	0.0
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 98
	only if	Standards: transportation ownership/lease expense you checked the "2 or more" Box in Line 28.		
29	(availe	in Line a below, the amount of the IRS Transportation Standards, able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy coverage Monthly Payments for any debts secured by Vehicle 2, as standard enter the result in Line 29. Do not enter an amount	tated in Line 47; subtract Line b	
23	Га.	IRS Transportation Standards, Ownership Costs, Second Car	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	1
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
30	for all emplo taxes	r Necessary Expenses: taxes. Enter the total average mont federal, state, and local taxes, other than real estate and sales tayment taxes, social security taxes, and Medicare taxes. Do not in the contract of the contract o	xes, such as income taxes, sell nclude real estate or sales	2613
31	Othe payro	er Necessary Expenses: mandatory payroll deductions and deductions that are required for your employment, such as man dues, and uniform costs. Do not include discretionary amount k) contributions.	datory retirement contambations,	\$ 0

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, define				
32	pay for	Necessary Expenses: life insurater term life insurance for yourself. Do no for whole life or for any other form o	ance. Enter average monthly premiums that you actually of include premiums for insurance on your depend- of insurance.	* C
22	VOU are	Necessary Expenses: court-order required to pay pursuant to court order payments on past due support obligion.	ered payments. Enter the total monthly amount that r, such as spousal or child support payments. Do not inations included in Line 49.	* B
34	challe	anged child. Enter the total monthly i	n for employment or for a physically or mentally amount that you actually expend for education that is a set is required for a physically or mentally challenged depending similar services is available.	0
35	Other pend o	Necessary Expenses: childcare. In childcare. Do not include payments	Enter the average monthly amount that you actually exmade for children's education.	\$
36	expend	Necessary Expenses: health can don health care expenses that are not re t include payments for health insura	re. Enter the average monthly amount that you actually eimbursed by insurance or paid by a health savings account. Ince listed in Line 39.	\$ - PX a
37	penses tance.	that you actually pay for cell phones, p	nunication services. Enter the average monthly exagers, call waiting, caller identification, special long disealth and welfare of you or your dependents. Do not in-	\$ 430
38			andards. Enter the total of Lines 24 through 37.	\$52980
	Healt	h Ingurance Disability Insurance	expenses that you have listed in Lines 24-37 ce, and Health Savings Account Expenses. List the keepen in each of the following categories and enter the total.	
	a.	Health Insurance 397.	\$ 397.	
39	Ъ.	Disability Insurance	\$	
	c.	Health Savings Account	\$	\$ 39-7
	<u> </u>		Total: Add Lines a, b, and c	\$ 277
40	month	dy expenses that you will continue to ba	of household or family members. Enter the actual by for the reasonable and necessary care and support of an increase and support	ļ 1
	unable	y, chronically ill, or disabled member or yet to pay for such expenses. Do not incl i	your household or member of your immediate family who is ude payments listed in Line 34.	\$ 400
41	Prote curred other	e to pay for such expenses. Do not incl e ection against family violence. En I to maintain the safety of your family un applicable federal law.	nter any average monthly expenses that you actually in- nder the Family Violence Prevention and Services Act or	\$ 400,
41 42	Protecurred other	e to pay for such expenses. Do not includent to maintain the safety of your family unapplicable federal law. e energy costs in excess of the atthe average monthly amount by which your paydents for Housing and Utilities. Your	nter any average monthly expenses that you actually in-	
	Protecurred other Hom Enter cal St demo	e to pay for such expenses. Do not includent on against family violence. End to maintain the safety of your family unapplicable federal law. e energy costs in excess of the attention and are applied to the average monthly amount by which you and ards for Housing and Utilities. You ronstrating that the additional amount action expenses for dependent of the pendent children less than 18 years of the pendent	nter any average monthly expenses that you actually in- nder the Family Violence Prevention and Services Act or allowance specified by the IRS Local Standards. your home energy costs exceed the allowance in the IRS Lo- must provide your case trustee with documentation	\$
42	Protecurred other Hom Enter cal St demo	e to pay for such expenses. Do not includent of the adjustment of	nter any average monthly expenses that you actually inner the Family Violence Prevention and Services Act or allowance specified by the IRS Local Standards. Your home energy costs exceed the allowance in the IRS Lomust provide your case trustee with documentation at claimed is reasonable and necessary. hildren under 18. Enter the average monthly expenses er child, in providing elementary and secondary education for fage. You must provide your case trustee with docu-	\$
42	Protecurred other Hom Enter cal St demo that y your of ment account Addition to extend or frought to extend the extended of the extended that your of the extended that your of the extended that you want to extend the extended that yo	e to pay for such expenses. Do not includent on against family violence. End to maintain the safety of your family unapplicable federal law. e energy costs in excess of the atthe average monthly amount by which you andards for Housing and Utilities. You ronstrating that the additional amount action expenses for dependent clause actually incur, not to exceed \$125 per dependent children less than 18 years of the action demonstrating that the amount action for in the IRS Standards. Itional food and clothing expenses are generated the combined allowed five percent of those combined allowed the clerk of the bankruptcy court.) You instrating that the additional amount instruction of charitable contributions.	nter any average monthly expenses that you actually inneer the Family Violence Prevention and Services Act or allowance specified by the IRS Local Standards. Your home energy costs exceed the allowance in the IRS Lomust provide your case trustee with documentation at claimed is reasonable and necessary. hildren under 18. Enter the average monthly expenses er child, in providing elementary and secondary education for fage. You must provide your case trustee with document claimed is reasonable and necessary and not already energy for food and apparel in the IRS National Standards, not wances. (This information is available at	

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			Subpart C: Deductions for Deb	t Payment	
47	erty to erage each of gage	hat you own, list the na Monthly Payment. The	cured claims. For each of your debts that me of the creditor, identify the property see Average Monthly Payment is the total of all 60 months following the filing of the bankry yments of taxes and insurance required by the page.	curing the debt, and state the Av- I amounts contractually due to uptcy case, divided by 60. Mort-	
4	a. b. c.	Name of Creditor BOWN OF A MENLA	Property Securing the Debt (CS) Coul Int (ES) Coul Ind	\$ 1333. \$ \$ 400. Total: Add Lines a, b, and c	\$1133
	prope clude	erty securing the debt is in your deductions 1/60 'cure amount") in order	secured claims. If any of the debts listen necessary for your support or the support of the amount that you must pay the crop maintain possession of the property. List if necessary, list additional entries on a second	of your dependents, you may in- editor as a result of the default at any such amounts in the follow-	
48		Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount	
	a			\$ #	
	b.			\$	
trisioner Sist i deli	C.	-		Total: Add Lines a, b, and c	\$ C
49	Pay:	ments on priority coort and alimony claims)	laims. Enter the total amount of all priorit , divided by 60.	y claims (including priority child	\$ C
	Cha _l enter	pter 13 administrate the resulting administr	tive expenses. Multiply the amount in Liative expense.	ne a by the amount in Line b, and	
	a.	Projected average mo	nthly Chapter 13 plan payment.	\$ 90,00	
50	b.	Current multiplier for	your district as determined under sched- cutive Office for United States Trustees. vailable at www.usdoj.gov/ust/ or from the	x 16 %	
	c.	Average monthly adm	ninistrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 9.00
51	Tota	al Deductions for D	ebt Payment. Enter the total of Lines 47	through 50.	\$/142
		Subpa	rt D: Total Deductions Allowed	under § 707(b)(2)	
52	Tota	al of all deductions	allowed under § 707(b)(2). Enter the	ne total of Lines 38, 46, and 51.	1337

53	Total current monthly income. Enter the amount from Line 20.	\$ 8615
	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$ O
55	Qualified retirement deductions. Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).	\$811.
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	17837
57	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, and 56 and enter the result.	8,654
58	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 57 from Line 53 and enter the	\$

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92			Pari	LVI: AD	DITIU	NALE	KPEN		LA.			n galatika Mariatan	r - Stilking and - Si 30 Metro 2 - Journal
43	Other	xpenses.	let and de	ceribe any m	onthly exp	enses, no	otherw	ise state	e in	this form	, that an	e requi	red for th
20.10													
70	health a	nd welfare of	von and w	our family an	d that you	contend s	nould be	a an add	lition	al deduct	ion from	YOUR	urrent
	health a	nd welfare of	you and w	our family an	d that you	contend s	nould be	a an add	lition	al deduct	ion from	your c	urrent
1,000	health a	nd welfare of income unde	you and your 5 707(b)	our family an (2)(A)(ii)(I).	d that you If necessa	contend s iry, list ad	nould be ditional:	a an add	lition	al deduct	ion from	your c	urrent
	health a	nd welfare of	you and your 5 707(b)	our family an (2)(A)(ii)(I).	d that you If necessa	contend s iry, list ad	nould be ditional:	a an add	lition	al deduct	ion from	your c	urrent
1,000	health a	nd welfare of income unde	you and your 5 707(b)	our family an (2)(A)(ii)(I).	d that you If necessa- itens. Tota	contend s iry, list ad	nould be ditional:	a an add	lition	al deduct separate	ion from	your c	urrent
	health a	nd welfare of income unde	you and your 5 707(b)	our family and (2)(A)(ii)(I). Inse for each	d that you If necessa- itens. Tota	contend s iry, list ad	nould be ditional:	a an add	lition	al deduct separate	ion from page. A	your c	urrent
	health a monthly flect you	nd welfare of income unde	you and your 5 707(b)	our family and (2)(A)(ii)(I). Inse for each	d that you If necessa- itens. Tota	contend s iry, list ad	nould be ditional:	a an add	lition	al deduct separate	ion from page. A	your c	urrent
	health a monthly flect you a.	nd welfare of income unde	you and your 5 707(b)	our family and (2)(A)(ii)(I). Inse for each	d that you If necessa- itens. Tota	contend s iry, list ad	nould be ditional:	a an add	lition	al deduct separate	ion from page. A	your c	urrent
	health a monthly flect you a.	nd welfare of income unde	you and your 5 707(b)	our family and (2)(A)(ii)(I). Inse for each	d that you If necessa Item, Tota	contend s ary, list ad al the exp	inould be ditional : enses.	an add sources	lition	al deduct separate	ion from page. A	your c	urrent
	health a monthly flect you a.	nd welfare of income unde	you and your 5 707(b)	our family and (2)(A)(ii)(I). Inse for each	d that you If necessa Item, Tota	contend s iry, list ad	inould be ditional : enses.	an add sources	lition	al deduct separate	ion from page. A	your c	urrent

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)

Signature:

Signature:

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Date:

Date: